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Bib Data Sheet

CONFIRMATION NO. 8810

SERIAL NUMBER 10/729,036	FILING DATE 12/05/2003 RULE	CLASS 220	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. 00LAMB1
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APPLICANTS

Carol Sale Cutler, Camarillo, CA;
 David W. Cutler, Thousand Oaks, CA;
 Glenys Wilbur, Ojai, CA;

** CONTINUING DATA *****
None

** FOREIGN APPLICATIONS *****
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>SP</i> Initials				

ADDRESS
 Michael G. Petit
 P.O. Box 91929
 Santa Barbara , CA
 93190-1929

TITLE
 Medicine cup

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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